

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER: _____	
ORDER TO PAY WAIVED COURT FEES AND COSTS (Superior Court)	
CASE NUMBER: _____	

1. This proceeding was heard as follows: ☐ Default or uncontested ☐ By declaration under Family Code section 2336
☐ Contested
- on *(date)*: _____ at *(time)*: _____ in Dept.: _____ Room: _____
- a. by Judge *(name)*: _____ ☐ Temporary Judge
 b. ☐ Petitioner/plaintiff present ☐ Attorney present *(name)*: _____
 c. ☐ Respondent/defendant present ☐ Attorney present *(name)*: _____
 d. ☐ Other present ☐ Attorney present *(name)*: _____
 e. On the order to show cause or motion filed *(date)*: _____ by *(name)*: _____
2. **THE COURT FINDS**
- a. The court made an order waiving court fees and costs for ☐ petitioner ☐ respondent in this matter on *(date)*: _____
- b. ☐ The court made an order for support payable by ☐ petitioner ☐ respondent to ☐ petitioner ☐ respondent on *(date)*: _____
- c. After considering information in the court file and other evidence, ☐ petitioner ☐ respondent has the ability to pay all or part of the waived court fees and costs.
3. **THE COURT ORDERS**
- a. ☐ Petitioner ☐ Respondent must pay ☐ his or her own ☐ the other party's previously waived court fees in the total amount of *(specify)*: _____
- b. Payment be made:
- (1) _____ per month until paid in full, beginning *(date)*: _____
- (2) ☐ Within 10 days from the date of service of this *Order to Pay Waived Court Fees (see attached Proof of Service)*.
- (3) After all current support and accrued support arrears have been paid (if ordered to pay the other party's waived court fees). *(Government Code, § 68637(d).)*
- (4) ☐ Other *(specify)*: _____
- c. Payment be sent to *(specify)*: _____

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
--------------------------------------	--------------

4. NOTICE TO:

- ☐ Petitioner ☐ Respondent ☐ , Initial fee waiver recipient, ordered to pay waived court fees and costs.
☐ Petitioner ☐ Respondent ☐ , Support obligor ordered to pay the initial fee waiver recipient's waived court fees and costs.
☐ The party ordered to pay fees and costs who did not receive the initial fee waiver AND was not present at the trial or hearing when the court ordered payment of waived court fees and costs.

**YOU HAVE AN OPPORTUNITY FOR A HEARING TO REQUEST THAT
THE COURT SET ASIDE THE ORDER TO PAY WAIVED COURT FEES AND COSTS**

- a. To request a hearing, complete and file with the court clerk:
 - (1) *Notice of Motion* (form FL-301) or *Order to Show Cause* (form FL-300) and
 - (2) *Application to Set Aside Order to Pay Waived Court Fees and Costs—Attachment* (form FL-337)
- b. The forms specified in a. must be completed and filed with the court clerk within 30 days from the date of service of this *Order to Pay Waived Court Fees and Costs* (see attached Proof of Service).
- c. In addition, the party requesting the hearing must serve the other party with
 - (1) Copies of the documents in a. filed with the court, and
 - (2) A **blank** *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320).
 You can obtain these forms from the clerk of the court, your county law library, or online at www.courtinfo.ca.gov/forms.
- d. If a request for hearing is filed with the court clerk within the time specified in b., the order to pay waived court fees and cost will not be enforced until after the hearing.

WARNING: The court has ordered you to pay court fees and costs. If you do not pay the court fees and costs, the court can institute collection proceedings and charge you interest and a collection fee.

Date:

 Signature of Judicial Officer